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## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: I think all women engaged in teaching or supervising nursing in hospital work ought to feel grateful to Dr. Cabot for so definitely and publicly recognizing the principle that "nursing should be taught by nurses." While many men tacitly work on this principle, few have put it into words or laid it down as an axiom; many, indeed, in hospital work seem to a certain extent to desire to ignore or deny it.

I think I may confidently state, without fear of contrary proof being brought against me, that in hospital work *seven-tenths* of all frictions, misunderstandings, ill-feelings, and crosswise purposes between the medical staff (I refer especially to internes) and nursing staff (meaning especially superintendents and assistant superintendents of nurses) are due directly to—have their cause primarily in—a failure of the men to understand—or in an unwillingness to allow—that nurses shall teach nursing; that there is a sphere belonging of right to the nurse by virtue of her work and responsibility upon which the medical man cannot justly or rightly encroach. I could give fifty illustrations of my point in as many minutes. So could any superintendent.

I think if nurses have, *as a rule* (there are some ill-balanced exceptions), learned pretty well not to interfere and encroach upon the physician's province, that it should be only ethical justice for the physician in turn to regard and respect the province of nursing (I repeat, I refer to internes in hospital; men in private practice do not need this protest). When this *mutual* consideration replaces a now too often one-sided etiquette, friction in hospital work will to a great extent disappear. It is caused usually by the effort at adjustment—a resistance of invasion of rights.

I have known a superintendent of nurses who was not allowed to move a medicine closet until the resident gave orders, and I hear many hospital women of experience complain that they can hardly teach their pupils nursing because of the stringency of young men, who will not permit a nurse to give a hot-water bag, an extra pillow, or to change a position without a special order.

With Dr. Cabot's views on private duty I, of course, feel at some variance. However, I recognize that his purpose is disinterested and his motives high. I will go this far towards meeting his position: if pupils in training could receive some experience in private duty on an *absolutely educational basis*,—if there were absolutely no suspicion of commercial advantage to the school,—then I will admit that the chief objections to undergraduate private duty would be removed.

But how can it be made part of an educational scheme unless taught and supervised? And what families would willingly allow a head nurse to come and go in their homes in time of sickness and trouble? We must not forget the feelings of the patients in our plans.

I cannot but think that the best solution is to bring more of the family and home atmosphere into our hospitals; to encourage the nurse to look upon

her patients more as individuals; to encourage the special nurse to some initiative, some individuality, more than is often the case now, and to extend the special nursing of private and of special patients. L. L. Dock.

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DEAR EDITOR: I have been much interested in reading Miss Jamme's account of the fresh-air treatment for patients recovering from ether at the New England Hospital for Women and Children.

Ever since a time when I was obliged to take ether myself—twice—I have felt certain, from my own experience, that plenty of fresh air was the right treatment, and that in being afraid to admit it the sufferings and wretchedness of patients are ten times aggravated.

It so happened that I was a privileged patient in the hospital where I took ether, and having always been a fresh-air "crank," I had my own way in having both large windows in my room flung wide open. It was wintertime, too. I recovered more quickly and easily than any of the other patients, and without the slightest nausea. I remember so well, when becoming conscious, the feeling of wanting fresh air to be taken in through every pore.

The New England Hospital will deserve the gratitude of all ether patients if it starts this most rational and merciful custom. Of course, it is out of the question for a nurse to open the windows for her patient if orders are to the contrary.

ONE WITH EXPERIENCE.

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DEAR EDITOR: It is both a pleasure and an honor for me to invite the attention of your staff and of your readers to the following little card.

The Rocky Mountain Sanatorium is an enterprise already well established. While its present site has not sufficient ground space to work out the central idea about which all effort is grouped, namely—coöperation and self-sustenance,—the institution has a real existence and is being successfully carried on a short distance out of Denver.

In a few words the plan is this: To establish in the "dry belt" an institution which shall be prepared to receive all classes of patients. There are to be connected with it remunerative industries in which those patients who are able and who so desire shall have an opportunity to engage, and at a rate of pay which will enable them to be wholly or partially without any expense of their living and treatment. The scheme of the sanatorium has the support of many prominent public men all over the country, some of whom have given addresses to enlist the interest of the public in the scheme.

One or more fully qualified resident physicians under a medical director and consultants will treat the inmates of the sanatorium, these residents themselves being in need of the healing effect of this wonderful clime.

It has been proposed to establish in connection with the parent institution auxiliaries supported and run by the members of the different vocations. One for the members of the press is now well organized, as per enclosed circular, and their cottages or tents will soon be in use. The members of the Christian Endeavor Society are formulating a similar plan under the leadership of a prominent divine of the Presbyterian Church.

The recommendation which I now have the honor to present is that a similar scheme be taken up by the trained nurses of the country. Indeed, this has already been done in Denver, and it seems so desirable that the country at large should have an opportunity to share in the benefits of such a plan, that it is

for this purpose that I am now addressing you. The working basis as suggested will, of course, necessitate the usual officers—a president, who has already been selected, two vice-presidents, a secretary, a treasurer, and a Board of Directors:

I. That the members of the profession at large should become members of the Trained Nurses' Auxiliary, Rocky Mountain Sanatorium, upon the payment of five dollars annual dues.

II. That the fund thus created should be used to build cottages or equip tents as they might be needed, the surplus to be used in a way yet to be determined to defray the expenses of those nurses in the sanatorium who are too ill to be self-supporting.

III. That those who are sufficiently well should have an opportunity to do the nursing of the institution on a varying scale of hours, from giving a single treatment or bath to a full day's work, as the condition of the nurse would permit and as directed by her physician.

The question which I would now wish to lay before the trained nurses of the country is as to rates of remuneration for such services. It would seem that a nurse sharing the benefits of such an institution would hardly expect to be laying away money made out of the institution, but that the benefits she received should be considered by her as part of her compensation while regaining her health, and that she would presumably be satisfied to be earning enough so that she would be entirely self-supporting and not losing from a pecuniary standpoint. By this plan she benefits herself and is doing a blessed work for others who have been similarly afflicted.

At the Gravenhurst Sanatorium in Canada a very low scale of prices for nursing has been adopted—not more than one-half or one-third the usual rates charged for such service outside, one dollar a day or night of eight hours each. Would someone kindly make a suggestion as to what would be a fair price for a single hour's work or for giving a single treatment, bath, etc.?

I would like, in closing, to invite suggestion and criticism from all to whom this subject appeals, and I really cannot see how it can fail to touch the sympathy and generosity of all trained nurses.

I shall be glad to answer, personally, privately, or through the JOURNAL, any inquiries, and shall be correspondingly grateful for all suggestions. Yours very sincerely,  
DITA H. KINNEY, Superintendent, Army Corps Nurse.

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DEAR EDITOR: 'Tis true that difficulties depend, in a large measure, upon the nurse herself, for a tactful woman who studies the members of the household where she is called to nurse seldom finds her path a hard one.

There are two points I wish to take exception to in Amy Hughes's article in *Nursing Notes* published in the June JOURNAL.

She suggests that a nurse wait a little, even after two days and a night on duty, that the friends may speak of her going off for rest. When a nurse has a hard and possibly long siege before her she had better size up the situation early and plan for her hours of rest that she may be able to stand the continued strain. I have found a good way was to pick out the member of the family best suited to care for the patient and arrange with that one, without disturbing her plans for the day, for my time off. It usually resolves itself into certain hours every day if the nurse is methodical.

Night nursing is always difficult, because the turning of night into day is

unnatural, and the request for a meal, especially something hot, by a night nurse is no mistake. We know that something hot in the stomach during the night materially lessens the degree of fatigue attendant upon night work, thus aiding the nurse to better fulfil her duties towards her patient.

These things should be looked after by the nurse without her getting a "bad name for being selfish and inconsiderate." How she is spoken of afterwards depends upon the method she uses in accomplishing her end. B.

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DEAR EDITOR: I want to offer a suggestion to readers of the JOURNAL about disposing of patients' sputum. A thin Japanese napkin folded twice, forming a square of four thicknesses, can be readily burned in a china vessel in either a closet or an unoccupied room immediately after use.

I have gotten so many practical helps from the JOURNAL that I feel anxious to be of some little help to other readers. S. L. J.

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DEAR EDITOR: In May I was a delegate to the Annual Convention of the Nurses' Associated Alumnae of the United States, held in Chicago. I was impressed during my visit to that city with the way in which nurses appeared in uniform on the streets. To be sure, the outer garments were a street uniform, but may I ask, what is the object of wearing a street uniform? Does it meet with the sanction and approval of all the nurses? It is a question in my mind as to whether it is in good taste. We nurses of the East are very jealous of the dignity of our uniform (I am speaking now only of nurses of first-class standing), and for years we have been fighting the nurses of lesser standing who will persist in appearing on the streets in uniform—perhaps from motives of vanity, or perhaps from mere carelessness. Nevertheless, we feel that it occasions remarks that at times are not pleasant. I have even heard that women of questionable repute have donned the garb simply because it was pretty or becoming, and later have appeared in the police courts, the newspapers in the meantime commenting on the arrest of a trained nurse. It was only then that it was found out that they had no right to wear said uniform. It was this that impressed me in Chicago—what is the object of the nurses in wearing their uniform on the street? Is it with a "meek and holy spirit"? I fear not. Is it from a desire to appear conspicuous? I trust not.

Then why is it?

May I hope to hear the views of some other nurses, and what their impressions were? Yours,

SARA RUDDEN.

PHILADELPHIA, June 13, 1902.

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DEAR EDITOR: Permit me to occupy more space in answering an article in the June number from "Another Graduate Nurse" regarding life insurance than was used in my brief December answer to Miss Knight's October article. A typographical error made three and seven-eighths ( $3\frac{7}{8}$ ) per cent. read 37.8, but the cash return of fifteen hundred and forty-eight dollars and thirty-five cents is actual settlement. Quoting from the article I am answering I take the following:

"I have taken that sum (fifty dollars and forty-seven cents) and compounded it at four per cent. once a year only, and I make the amount sixteen hundred and thirteen dollars and forty-three cents."

This figure should be fifteen hundred and sixty-three dollars and one cent

(that is, on the basis of one dollar being equal to thirty dollars ninety-six cents and nine mills compounded for same period at same interest); so that the difference in favor of the bank would be fourteen dollars and sixty-six cents instead of sixty-five dollars and eight cents. Either difference, however, is unimportant in result at the end of twenty years, when the important feature of protection is duly considered, as in the event of death, even the day after the policy is issued, one thousand dollars would be paid.

Now, it gives me pleasure to answer this article, because it is broad and fair from an individual stand-point. But let us consider the large percentage of individuals and their needs during and for years after the end of twenty years, as the life-insurance options from year to year are most admirably adapted to changes that are apt to occur. Life-insurance deposits are mainly intended to protect valuable life during earning years. These deposits, however, have developed into one of the most secure and ideal investments of the age. Too often bank deposits are so easily getatable when a little self-denial would encourage thrift. Of course, it is not easy to select just what is best in kind and amount of life insurance, as very often the amount selected is too large and the kind too costly. Shorter-term policies than twenty years are not usually profitable investments, unless full credit is given to the important feature of protection from the moment policies are issued, with the compulsory saving added. Unfortunately, some agents misrepresent, but the policy should be the main guide.

I have tried to answer the article fully and fairly, and am glad to know that it recognizes the importance of protection, which is apt to be needed by the great majority at some time during earning years.

GRADUATE NURSE.

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DEAR EDITOR: In reply to your request regarding small-pox I beg leave to offer you my experience after having nursed upwards of four hundred cases under the supervision of Dr. Craig, who has made a study of the disease.

I. *Treatment.*—The preliminary stages rarely came under my care. During the secondary fever the patient should be carefully watched, fever and delirium combated with cold baths. They may be repeated every three hours if the temperature persists over 103°. If the pulse becomes weak and rapid, the patient may, by the judicious use of strychnine and whiskey, often be guided past the crisis and landed on the highway to recovery. The food should consist of liquids, chiefly milk. As the patient recovers he is given substantial nourishment and generally takes it well. The bowels are kept freely open and diarrhoea prevented. During desquamation the patient is given daily warm baths, using plenty of soap. Carbolized oil, 1 to 80, is applied locally to prevent itching, to destroy the odor, and to disinfect and prevent the drying and blowing about of scales. The throat and tongue are kept clean with hydrogen peroxide spray. The eyes are bathed with mild antiseptic solutions. The treatment in many cases is for the most part symptomatic, as numerous complications may arise.

II. Scarring depends on the depth of the pustules and is practically beyond control. Several methods were tried, including covering the face with a mask, keeping the patient in darkness, closing out all but the red rays by means of red blinds. Notwithstanding several cases of pitting resulted.

III. The red spots eventually disappear, but much more slowly in brunettes. The frequent application of absolute alcohol may hasten the process.

IV. The nurse should keep a close watch on the temperature, pulse, respirations, and general condition during the critical stage of the secondary fever. Many cases may be saved at this period by proper treatment. Yours truly,

LIZZIE C. RITCHIE, Ottawa, Ont.

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DEAR EDITOR: In answer to E. V.'s questions as to the treatment of small-pox, prevention of scarring, etc., I would say that I have nursed some twenty-eight cases during the late epidemic and find that the best treatment is absolute cleanliness. Complications must be treated as they arise. There is no "set" rule in the treatment of this disease.

II. In my experience I have tried many remedies to prevent scarring, but found none of any actual benefit. "Pitting" is bound to occur in severe cases, and can only be removed by subsequent treatment by a skin specialist.

III. Time alone will remove the "red spots."

IV. The first symptoms to be observed are headache, chills with accompanying fever, severe pain in the back, low down, usually in the region of the kidneys, rapid pulse, and often delirium. This condition lasts three or four days, when the rash appears on the forehead and arms. On the forehead particularly the spots feel like shot under the skin. The temperature drops now and remains down along the normal line until the eighth or ninth day, when the vesicles become pustular and we have a secondary rise of temperature. At this stage the eyes must be carefully watched and kept very clean. Sometimes it is necessary to wash them with some medicated solution every fifteen minutes—to prevent ulceration of cornea. About the twelfth day the pustules begin to dry off and the period of convalescence is reached. The complications most dreaded are albuminuria, pneumonia, sore throat, and diarrhœa.

E. T. M., Philadelphia.

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DEAR EDITOR: Through the columns of THE AMERICAN JOURNAL OF NURSING I want to reach every superintendent of Eastern training-schools to inform them of a pleasant feature that may be added to their journey to Detroit when they come to our convention in September.

The Detroit and Buffalo Steamboat Company is operating a daily service between those two cities via Lake Erie. Its steamers are the Eastern States and the Western States, and they are palatial, "up-to-date" boats. They leave Buffalo at five-thirty P.M., arrive in Detroit at seven-thirty A.M.; leave Detroit at four P.M. and arrive in Buffalo at seven-thirty A.M. The route connects with all the main railroad lines, and through tickets can be bought in Eastern or Western cities, thus providing for all transfers of passengers and baggage from depot to wharf.

The cost is three dollars less than by railway. Briefly expressed, those are the salient features that recommend the trip, but they embrace a small part of the delightful experiences of the journey. Coolness, cleanliness, and comfort are accompaniments, and it is worth a long trip to enjoy one such restful night in the cosy, roomy state-room with its wide berths and other nice appointments.

The meals, let me add, are extra, a la carte, excellent in quality and beautifully served.

I wish all of our visitors might obtain their first view of the historic old "City of the Straits" from the Detroit River front, for it is such a lovely approach. However, no matter in what manner they come, they can all be assured of a warm welcome.

I cannot find words to tell you how much we appreciate the JOURNAL. It certainly meets the needs of the nurse in her private and public relationships, and is a great factor in her education. Yours very sincerely,

L. E. GRETTER.

DEAR EDITOR: In these days of great improvements in methods of nursing we hear of various means to raise the standards of the training-schools; in plain words, to discourage those applicants whose education and intelligence are too limited for the needs of the work, whose motives in taking it up are frivolous, and whose characters render them unfit for the calling of a trained nurse, and to encourage those women whose aims are high and earnest, who have the requisite measure of education, refinement, and character, with a sincere love of their chosen work. Some hospitals have adopted the three-years' course, others make their entrance examinations less simple, and the months of probation more difficult, while others, *we hear*, have chosen the non-remuneration system. Now I can quite understand that a three-years' course would easily discourage the lazy or frivolous and those of ignoble purpose, that the entrance examinations would weed out the uneducated, and that the increased vigilance during the probation months would reveal the poor characters, the lack of refinement and dignity, and the want of interest in their work.

But will you tell me in what way does "no remuneration" during those hard years of training improve the standard? Does it, then, mean that the woman who possesses more dollars has the qualities of a nurse in excess of her poorer sister? These are some of the remarks I have heard of late with reference to such a system: "A most excellent thing, the standard will be higher for it." "I am glad to hear of it, for more nurses now will take the training for *itself*;" or "I think it a very good thing to keep *those kind* of people out" (*this* in reference to women who cannot afford to spend three years without ready money for personal expenses). Perhaps we have got to abuse the expression "raise the standard," and that we use it sometimes without reflection. I plead guilty to doing so myself, and weakly agreeing with the first speaker, but I went home and thought over it, and now I confess I was quite wrong.

How many young women take a nurse's course in a hospital for the sake of the paltry sum of seven or ten dollars a month? None, I feel sure, for were the wage their only object, they could certainly choose a less arduous occupation. The nurse who does her work *conscientiously* during the years of training quite earns not only the knowledge which practical experience and teaching bring her, but the modest sum as well which helps to cover her personal expenses. Many an excellent nurse could never have taken her training if she could not have had the means of defraying the expense of clothing, books, etc.

Take an orphan, for instance, who, being without natural providers, would have to depend, perhaps, on the ungracious bounty of other relatives instead of enjoying the independence which her own earnings would bring her. Or the well-bred, well-educated daughter of a widow in reduced circumstances—must she be considered below the "standard" if she choose, for material reasons, a hospital where some remuneration be given? I dare say, if we but knew it, there are many undergraduates who out of the meagre monthly wage contrive to send home a few dollars now and then, besides saving for their vacation and graduation.

By all means, let there be hospitals in which for their own good reasons



no remuneration be given, but let us have no more of that twaddle of "raising the standard" by such means.

Rather let the standard be raised by character, by refinement and intelligence, and by natural qualifications, than by a question of mere money.

*"Nec temerè, nec timidè."*

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



THE National Association for the study of Epilepsy and Care of Epileptics publishes its report for 1901 in a volume which contains the latest word on this distressing condition. The report has been published and may be found in the medical libraries. Dr. Frederick Peterson writes on the causes, prevention, and cure of epilepsy. We quote from his paper the following remarks:

"If we were but able in the human family to control the reproduction of individuals with hereditary instability of the nervous system, it would be a long step in advance for preventive medicine. We display an extraordinary solicitude with regard to the proper development of our horses and cattle, but seldom even ordinary precaution in the rearing of human progeny.

"But some day the laws of heredity will be so fully appreciated that the parties to the marriage contract, the officiating clergymen, the physicians, and the lawyers will combine to aid in uplifting the human race, instead of complacently permitting its degradation.

"This must be a matter of general education of the people in the facts of morbid heredity. As it is now, the marriage of epileptics, the feeble-minded, and partially insane persons is a matter of frequent occurrence, not to mention the greater frequency of marital unions of the hysterical, neurasthenic, and otherwise diseased individuals.

"I have personally met with married epileptics, and several years ago I observed an instance of the marriage of an epileptic man and an epileptic girl, both of whom were intelligent and fully aware of the name of their malady. It is doubtful if the laws to prevent such unions recently enacted in two or three of our Western States will be effective; but at any rate the agitation of the subject by the press and the existence of such laws must be helpful in educating the public to the moral wrong and the dangers of indiscriminate marriages.

"Preventive medicine, as applied to epilepsy, must also take sides with the temperance societies against the common enemy, alcohol. Until the effects of neurotic heredity and the evils of alcoholism and ill-advised marriages are fully understood, we shall always have with us children born with the blight of ancestral sins and woes."